

## Aphthous Ulcers

1. Which of the following statements are true regarding aphthous ulcers?
  - a. Minor ulcers can be distinguished from major by small size (< 1 cm), shallowness, and healing without scar.
  - b. There may be a familial tendency to have benign aphthous ulcers.
  - c. Smoking offers a protective effect against recurrent aphthae.
  - d. Infectious agents such as *Helicobacter pylori* and HSV are consistently found in these benign ulcers.
  - e. Patients should be considered for HIV testing when aphthae are large and slow to heal.
  - f. Other than the discoid lip lesions (characterized as keratotic papules or plaques with pigment alteration, scale, photosensitivity, and atrophy), the aphthous ulcers in SLE are generally painless.
  - g. The presence of aphthous ulcers in SLE highly correlates with disease activity.
  - h. New aphthae on the buccal mucosa of SLE patients on hydroxychloroquine may represent a lichenoid drug eruption secondary to the antimalarial agent.
2. Mr. Smith comes to your office complaining of painful lesions in his mouth for the past several months. Now he has developed painful, red eyes. What diseases should you consider?  
What distinguishes these from each other?
3. Mrs. Jones is a 65 yr old woman with a several yr history of diarrhea and crampy abdominal pain. Now she has developed aphthous ulcers. What ds should you consider?
4. Mr. Howard has noticed a painless aphthous ulcer on his buccal mucosa, and shows it to you while in your office for his yearly exam. What disease must be excluded?
5. True statements about the treatment of aphthous ulcers:
  - a. tetracycline 250 or minocycline 100mg dissolved in 180 cc water and used as “swish and spit/swallow” qid have been shown to reduce pain and duration of ulceration in randomized, controlled trials.
  - b. Both triamcinolone 0.1% (kenalog in orabase) and dexamethasone elixir (0.5 mg/5cc) have been shown in randomized, controlled trials to decrease pain in aphthous ulcers.
  - c. Thalidomide 200 mg once or twice daily for several weeks has been shown to yield a faster healing rate than placebo in benign ulcers.
  - d. Zinc lozenges, Vitamin C, Vitamin B complex and lysine have been shown (in RCT) to speed healing of aphthous ulcers.
  - e. Sage and chamomile mouthwash (made by pt by making tea), Echinacea, carrot, celery and cantaloupe juices may be helpful to speed healing.
  - f. Amlexanox (aphthasol©) applied bid – qid has been shown in RCT to decrease sx’s and hasten healing.

## Aphthous Ulcers

1. Which of the following statements are true regarding aphthous ulcers?
  - a. Minor ulcers can be distinguished from major by small size (< 1 cm), shallowness, and healing without scar. **TRUE**
  - b. There may be a familial tendency to have benign aphthous ulcers. **TRUE**
  - c. Smoking offers a protective effect against recurrent aphthae. **TRUE**
  - d. Infectious agents such as *Helicobacter pylori* and HSV are consistently found in these benign ulcers. **FALSE**
  - e. Patients should be considered for HIV testing when aphthae are large and slow to heal. **TRUE**
  - f. Other than the discoid lip lesions (characterized as keratotic papules or plaques with pigment alteration, scale, photosensitivity, and atrophy), the aphthous ulcers in SLE are generally painless. **TRUE**
  - g. The presence of aphthous ulcers in SLE highly correlates with disease activity. **FALSE**
  - h. New aphthae on the buccal mucosa of SLE patients on hydroxychloroquine may represent a lichenoid drug eruption secondary to the antimalarial agent. **TRUE**
  
2. Mr. Smith comes to your office complaining of painful lesions in his mouth for the past several months. Now he has developed painful, red eyes. What diseases should you consider? **Behçet's, Reiter's.**  
What distinguishes these from each other? **Behçet's has genital ulceration as well as retinitis. Reiter's is a spondyloarthropathy.**
  
3. Mrs. Jones is a 65 yr old woman with a several yr history of diarrhea and crampy abdominal pain. Now she has developed aphthous ulcers. What ds should you consider? **Crohn's**
  
4. Mr. Howard has noticed a painless aphthous ulcer on his buccal mucosa, and shows it to you while in your office for his yearly exam. What disease must be excluded? **Syphilis**
  
5. True statements about the treatment of aphthous ulcers:
  - a. tetracycline 250 or minocycline 100mg dissolved in 180 cc water and used as "swish and spit/swallow" qid have been shown to reduce pain and duration of ulceration in randomized, controlled trials. **TRUE don't use in kids or pregnant women**
  - b. Both triamcinolone 0.1% (kenalog in orabase) and dexamethasone elixir (0.5 mg/5cc) have been shown in randomized, controlled trials to decrease pain in aphthous ulcers. **TRUE orabase is a paste that also provides local protection of the ulcer**
  - c. Thalidomide 200 mg once or twice daily for several weeks has been shown to yield a faster healing rate than placebo in benign ulcers. **FALSE only used in HIV pts**

- d. Zinc lozenges, Vitamin C, Vitamin B complex and lysine have been shown (in RCT) to speed healing of aphthous ulcers. **FALSE although anecdotally helpful**
- e. Sage and chamomile mouthwash (made by pt by making tea), Echinacea, carrot, celery and cantaloupe juices may be helpful to speed healing. **TRUE**
- f. Amlexanox (aphthasol©) applied bid – qid has been shown in RCT to decrease sx's and hasten healing. **TRUE has anti-inflammatory properties – decreased release of slow-reacting substance of anaphylaxis, and may antagonize effects of IL-3**